APPROVED PA Criteria

Approved Date: April 14, 2010
Revised Dates: January 8, 2014
April 10, 2013
April 11, 2012

CRITERIA FOR PRIOR AUTHORIZATION

Tocilizumab

PROVIDER GROUP Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Tocilizumab (Actemra®)

CRITERIA FOR RHEUMATOID ARTHRITIS (RA) (SUBQ & IV FORMULATIONS): (must meet all of the following)

- Patient must have a diagnosis of rheumatoid arthritis
- Must be prescribed by a rheumatologist
- Evaluation for latent tuberculosis (TB) with TB skin test prior to initial prior authorization approval
- Patient must be 18 years of age or older
- Patient has not taken another biologic agent (see attached table) in the past 30 days
- Must have documentation of inadequate response, contraindication, allergy, or intolerable side effects to at least one Disease-Modifying Anti-Rheumatic Drug (DMARD) (see attached table)
- Prior to initiation of therapy patient must have an absolute neutrophil count (ANC) ≥ 2,000 cells/mm^3
- Prior to initiation of therapy patient must have a platelet count ≥ 100,000 cells/mm^3
- Prior to initiation of therapy patient must have normal liver function tests (LFTs) (ALT or AST)
    - 1.5 times the upper limit of normal (ULN) is considered abnormal for tocilizumab therapy initiation

RENEWAL CRITERIA FOR RA: (must meet initial criteria in addition to all of the following)

- Documentation of ANC, platelets and LFTs every 4-8 weeks
- Documentation of lipid parameters 4-8 weeks after initiation of therapy and then every 24 weeks

CRITERIA FOR JUVENILE IDIOPATHIC ARTHRITIS (JIA) (IV FORMULATIONS ONLY): (must meet all of the following)

- Patient must have a diagnosis of juvenile idiopathic arthritis
- Must be prescribed by a rheumatologist
- Evaluation for latent TB with TB skin test prior to initial prior authorization approval
- Patient must be 2 years of age or older
- Patient has not taken another biologic agent (see attached table) in the past 30 days
- Prior to initiation of therapy patient must have an ANC ≥ 2,000 cells/mm^3
- Prior to initiation of therapy patient must have a platelet count ≥ 100,000 cells/mm^3
- Prior to initiation of therapy patient must have normal LFTs (ALT or AST)
    - 1.5 times the upper limit of normal (ULN) is considered abnormal for tocilizumab therapy initiation

RENEWAL CRITERIA FOR JIA: (must meet initial criteria in addition to all of the following)

- Documentation of ANC, platelets and LFTs beginning with the second infusion, then every 2-4 weeks
- Documentation of lipid parameters 4-8 weeks after initiation of therapy and then every 24 weeks

LENGTH OF APPROVAL 6 months

Biologic Agents	
Generic Name	**Brand Name**
Abatacept	Orencia®
Adalimumab	Humira®
Alefacept	Amevive®
Anakinra	Kineret®
Certolizumab	Cimzia®
Golimumab	Simponi®
Infliximab	Remicade®
Natalizumab	Tysabri®
Rituximab	Rituxan®
Tocilizumab	Actemra®
Tofacitinib	Xeljanz®
Ustekinumab	Stelara®

DMARDs	
Generic Name	**Brand Name**
Methotrexate	Trexall®
Hydroxychloroquine	Plaquenil®
Sulfasalazine	Azulfidine®
Leflunomide	Arava®
Azathioprine	Imuran®